

RECEIVED

MAY 02 2014

BY MAIL

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
DIVISION

Jessica Lee Franklin)

000 000 1122)

)

)

(Enter above the full name of the)

Plaintiff(s) in this action. Include prison)

registration number(s).)

)

v.)

Lincoln County Jail)

)

Tonya Drummond)

Captain Curtis)

)

)

)

(Enter above the full name of ALL Defend-)

ant(s) in this action. Fed. R. Civ. P. 10(a))

requires that the caption of the complaint)

include the names of all the parties. Merely)

listing one party and "et al." is insufficient.)

Please attach additional sheets if necessary.)

Case No. _____
(To be assigned by Clerk)

PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983

I. PLACE OF PRESENT CONFINEMENT:

Lincoln County Jail, 65 Business Park Dr. Troy Mo. 63379

II. PREVIOUS CIVIL ACTIONS:

- A. Have you brought any other civil actions in state or federal court dealing with the same facts involved in this action or otherwise relating to your confinement?

YES []

NO [X]

B. If your answer to "A" is YES, describe the action(s) in the space below. If there is more than one action, you must describe the additional action(s) on a separate piece of paper, using the same format as below.

1. Parties to previous civil action:

Plaintiff(s): _____

Defendant(s): _____

2. Court where filed: _____

3. Docket or case number: _____

4. Name of Judge: _____

5. Basic claim made: _____

6. Present disposition (Is the case still pending? Is it closed? If closed, was it appealed?):

III. GRIEVANCE PROCEDURES:

A. Is there a prisoner grievance procedure at the institution in which you are incarcerated?

YES [X] NO []

B. Have you presented this grievance system the facts which are at issue in this complaint?

YES [X] NO []

- C. If your answer to "B" is YES, what steps did you take: I filled out several request forms and one grievance form and requested grievance forms of which I was never given.
- D. If your answer to "B" is NO, explain why you have not used the grievance system:
-
-

IV. PARTIES TO THIS ACTION:

A. Plaintiff(s)

1. Name of Plaintiff: Jessica Lee Franklin
 2. Plaintiff's address: 65 Business Park Dr. Troy Mo 63379
 3. Registration number: 00000001122
 4. Additional Plaintiff(s) and address(es): 911 North Oak St Union Mo, 63084
-

B. Defendant(s)

1. Name of Defendant: Lincoln County Jail/Tonya Drummond
 2. Defendant's address: 65 Business Park Dr. Troy Mo. 63379
 3. Defendant's employer and job title: Tonya Drummond-Nurse
 4. Additional Defendant(s) and address(es): _____
-
-

V. COUNSEL

A. Do you have an attorney to represent you in this action?

YES [] NO [X]

B. If your answer to "A" is NO, have you made an effort to contact an attorney to represent you in this matter?

YES [] NO [X]

C. If your answer to "B" is YES, state the name(s) and address(es) of the attorneys you contacted and the results of those efforts:

D. If your answer to "B" is NO, explain why you have not made such efforts:

I do not have adequate access to a Phone book or phone at this time to contact an Attorney.

E. Have you previously been represented by counsel in a civil action in this Court?

YES [] NO [X]

F. If your answer to "E" is YES, state the attorney's name and address:

VI. Statement of claim (State as briefly as possible the facts of your case. Describe how each defendant is involved. You must state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved, dates, and places. Be as specific as possible. State your claims in numbered paragraphs. You may use additional paper if necessary):

- 1.) I was charged for Ibuprofen on a daily basis that was paid for by the Federal Government at a previous Facility.
- 2) I was put into a cell without lights or an emergency call button from January 13th 2014 until around March 25th 2014. I suffer from low sugars and have had to wait hours for help after shouting for a Correctional officer.
- 3) I requested allergy medications to be ordered that I would pay for 3 weeks later nurse "Tonya" still had forgotten to order.
- 4) I seen the doctor and was put on antibiotics for Sinus Infection and dual ear infections, the perscription took 2 weeks to arrive.
- 5) I asked nurse "Tonya" to order a refill of my inhaler abuterol for my severe asthma, It took 1 week to arrive.
- 6) Tonya Drummond gave me Someone else's medication.
- 7) Put in for Inhaler refill on April 18th it is May 1st, Still No Inhaler

VII. RELIEF

State briefly and exactly what you want the Court to do for you. Do not make legal arguments. (Note: If you are a state prisoner and you seek from this Court relief that affects the length or duration of your imprisonment, your case **must** be filed on a § 2254 form.)

I would like to see that the nurse and staff be properly trained so no further incidents occur I would also like to be removed from this facility until proper treatment can be provided and I also seek monetary compensation.

VIII. MONEY DAMAGES:

A) Do you claim either actual or punitive monetary damages for the acts alleged in this complaint?

YES NO

B) If your answer to "A" is YES, state below the amount claimed and the reason or reasons you believe you are entitled to recover such money damages:

I want to be reimbursed around 50.00 for medications and also seek 5,000 for pain and suffering due to inhumane health treatment

IX. Do you claim that the wrongs alleged in the complaint are continuing to occur at the present time?

YES NO

Jessica Franklin

Signature of attorney or pro se Plaintiff(s)

May 1st 2014
Date

RECEIVED